ATTORNEY OR PETITIONER WITHOUT ATTORNEY (Name and Address):	O.: FOR COURT USE ONLY
PETITIONER'S BIRTH DATE:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
IN THE MATTER OF (NAME): Petitions	CASE NUMBER:
PETITION FOR WRIT OF HABEAS CORPUS—Penal Commitment	
 Petitioner is being unlawfully restrained of liberty at (specify name of treatment factors) by (specify name of persons having custody if known): 	ility):
	and is currently detained pursuant to: 1026.5(b) (extended commitment) (prisoners transferred to state hospital) 6300 (MDSO)
3. Check at least one box: a. Petitioner is illegally confined for the following reason: Output Description:	
b. Petitioner has been denied the following rights without good cause (Penal	Code section 2600):
Petitioner has no adequate and speedy remedy at law.	
5. Have you made any previous requests for relief from this confinement? If for your request, the date it was made, and the result:	your answer is yes, state the nature and grounds
 6. Petitioner requests that this court (check all that apply): a. Issue a Writ of Habeas Corpus to the director of the facility named in item obefore this court at a specified time and place. b. Order the facility personnel to release petitioner from said restraint. c. Order that all rights to which petitioner is entitled as a patient be observed. d. Grant such other relief as this court deems appropriate. 	1, commanding that the petitioner be brought
I declare under penalty of perjury under the laws of the State of California that the foregote:	going is true and correct.
	TIONER OR PERSON REQUESTING WRIT ON PETITIONER'S BEHALF)